

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4	1					
5						
6	1					
7	1					
8						
9						
10	1					
11						
12	1					
13						
14	1					
15	1					
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	16					
TOTAL CLAIMS	20					

CLAIMS	IND	DEP	IND	DEP
51				
52				
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100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				